

Handwritten signature: *Robert C. [unclear]*

# MEDICAL OFFICER of HEALTH

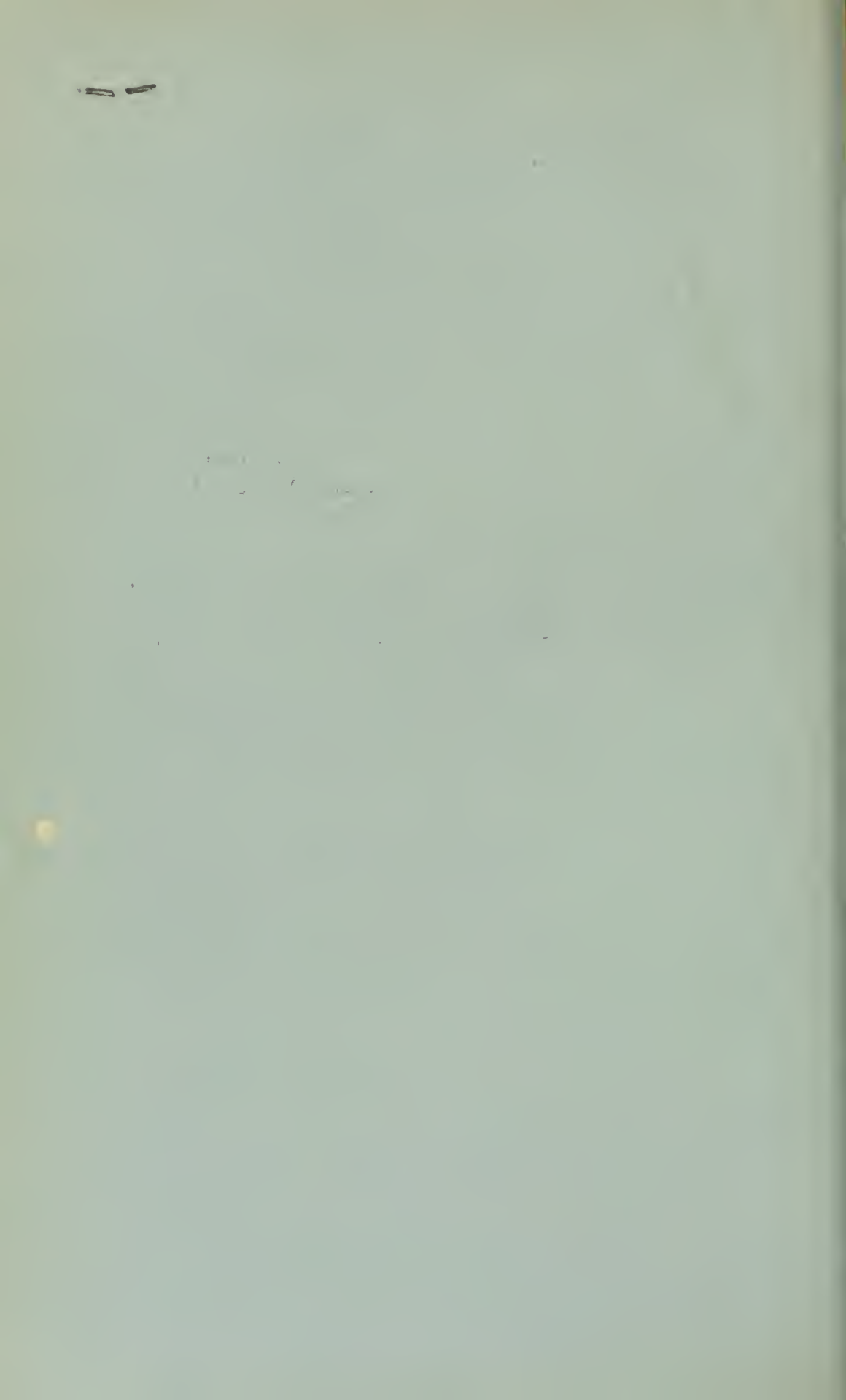
# SANITARY INSPECTOR

# 1952

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THWAITES & WATTS, LAVANT STREET



RURAL DISTRICT OF DROXFORD

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ANNUAL REPORT  
OF THE  
Medical Officer of Health  
AND  
Sanitary Inspector  
FOR THE YEAR  
1952

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# DROXFORD RURAL DISTRICT COUNCIL.

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NORTHBROOK HOUSE,  
BISHOP'S WALTHAM,  
SOUTHAMPTON.

*To the Chairman and Members  
of the Droxford Rural District Council.*

I have the honour to present the Annual Report for the year ending 31 December, 1952 on the health and sanitary circumstances of the Rural District of Droxford.

The estimated "home" population showed a decrease of one hundred and ninety on the Registrar General's estimate for 1951, while the natural increase of births over deaths was ninety-nine for the year under review.

There was practically no change in the infant mortality rate which, last year, was the lowest recorded for the district for the past forty years.

Apart from two outbreaks of dysentery, comparatively little infectious disease occurred.

There have been no deaths from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935.

Parents are reminded that all children should be immunised before they are a year old and should receive their first supplementary injection preferably just before going to school.

I should like to take this opportunity of thanking you all for your support and encouragement ; and I am grateful to the officers of other departments for their willing help and co-operation.

I also wish to express my grateful thanks to Mr. Lindley, the Chief Sanitary Inspector, and to Mr. Potter and Mr. Wenden, the Additional Sanitary Inspectors, for their valuable co-operation and assistance in compiling this Report.

*S. Chalmers Parry.*

Medical Officer of Health,  
Droxford Rural District Council.

## LEGISLATION.

Four items of legislation consisting of amendments to existing Regulations were brought into force during the year, as follows :—

1. THE PUBLIC HEALTH (MEAT) (AMENDMENT) REGULATIONS, 1952.

These Regulations amend the Public Health (Meat) Regulations, 1924, as amended, so as to extend to horses, asses and mules the application of Part II thereof which relates to slaughter-houses and the slaughter of cattle, swine, sheep and goats for sale for human consumption and requires, "inter alia," prior notice of slaughter to be given to the local authority.

2. THE ICE CREAM (HEAT TREATMENT, ETC.) AMENDMENT REGULATIONS, 1952.

The Ice Cream (Heat Treatment, etc.) Regulations, 1947 and 1951, prescribe certain requirements to be observed in the manufacture of ice cream intended for sale for human consumption and in particular require the mixture to be subjected to one of two methods of heat treatment. These regulations provide for a third method of heat treatment as an alternative to the two existing methods.

3. PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.\*

These revoke previous regulations and modify them to accord with the National Health Service Acts.

4. CREMATIONS REGULATIONS, 1952.

These came into operation on September 26th, and extend the categories of people who can verify applications for cremation.

## STATISTICS OF THE AREA.

Area	...	...	...	...	62,748 acres.
"Home" population (Registrar General's estimate) mid-1952	...	...	...	...	20,580
Number of inhabited houses (end of 1952 according to Rate Books)	...	...	...	...	6,297
Rateable Value, 31 December, 1952	...	...	...	...	£129,621
Sum represented by a penny rate	...	...	...	...	£518 2s. 3d.

## **NATURAL AND SOCIAL CONDITIONS OF THE AREA.**

These have changed little during the past few years. Brick and tile works are working at full capacity in order to keep pace with the ever expanding Housing Programme, and the light engineering works which mainly cater for agricultural needs of the area, employ a few of the residents ; but farming, fruit growing and forestry remain the predominant ways of livelihood.

There is, of course, an increasing influx into those parts of the rural district adjoining the towns of Southampton and Eastleigh and the city of Portsmouth, by people desiring to live outside these built-up areas.

### **Water.**

During the year, there has been an amalgamation of the Parishes of Wickham and Curbridge ; and eleven of the existing sixteen Parishes have a piped water supply.

Provided there are no further set-backs to the " Meon Valley " and " Upham " Water Schemes, a main supply should, before long, be made available to the majority of premises in these areas which now rely on wells, boreholes and stored rain water supplies.

### **Drainage and Sewerage.**

There still remains no sewage works within the district, but an increasing number of small disposal plants are being erected as Council House sites are developed.

Drainage of W.C.'s and waste water is chiefly by means of the conservancy system and the Council has an amended scheme in operation whereby cesspits may be emptied on request four times per year free of charge, with a charge of 30/- per load for every emptying in excess of that number.

## VITAL STATISTICS.

<b>Births.</b>		Male.	Female.	Total.
Live Births (Legitimate)	...	152	156	308
(Illegitimate)	...	5	11	16
		Total	...	324

*Live Birth rate* per 1,000 of the estimated population (mid-1952) was 15·7 compared with 15·3 for the whole of England and Wales.

		Male.	Female.	Total.
Still Births (Legitimate)	...	4	6	10
(Illegitimate)	...	—	—	—
		Total	...	10

*Still Birth rate* per 1,000 total (live and still) births was 29·9 compared with 22·6 for the whole of England and Wales.

<b>Deaths.</b>		Male.	Female.	Total.
From all causes	... ..	113	112	225

*Death rate* per 1,000 estimated population was 10·9 compared with 11·3 for the whole of England and Wales.

### Maternal Mortality.

Pregnancy, childbirth, abortion ... .. Nil  
*Maternal Mortality rate* per 1,000 total (live and still) births, 0·0.

### Infant Mortality (deaths under one year).

		Male.	Female.	Total.
Legitimate	... ..	—	5	5
Illegitimate	... ..	—	—	—
		Total	..	5

*Infant Mortality rate* per 1,000 live births was 15·4 compared with 27·6 for the whole of England and Wales.



The number of deaths of infants under the age of one year, per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been considerably lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period :—

Infant Mortality Rates (per 1,000 live births).				
Year.	Droxford Rural District.		England and Wales.	
1936	...	54·0	...	57·2
1937	...	47·1	...	55·4
1938	...	50·8	...	55·2
1939	...	52·2	...	55·4
1940	...	52·1	...	53·6
1941	...	46·7	...	52·8
1942	...	47·1	...	52·0
1943	...	42·5	...	50·0
1944	...	33·2	...	46·0
1945	...	28·3	...	45·0
1946	...	28·5	...	42·0
1947	...	28·5	...	39·2
1948	...	26·3	...	35·9
1949	...	25·5	...	33·3
1950	...	23·7	...	30·6

The infant mortality rate for the year under review was 15·4 compared with 27·6 for the whole of England and Wales.

The corresponding figure for 1951 was 15·3 compared with 29·6 for England and Wales.

## Causes of Death.

	MALE.	FEMALE.	TOTAL.
1. Tuberculosis of Respiratory System ...	1	—	1
2. Other forms of Tuberculosis ...	—	—	—
3. Syphilis ...	2	1	3
4. Diphtheria ...	—	—	—
5. Whooping Cough ...	—	—	—
6. Meningococcal Infections ...	—	—	—
7. Acute Poliomyelitis ...	—	—	—
8. Measles ...	—	—	—
9. Other Infective and Parasitic Diseases ...	1	—	1
10. Malignant Neoplasm, Stomach ...	7	4	11
11.       "       "       Lung, Bronchus ...	6	2	8
12.       "       "       Breast ...	—	5	5
13.       "       "       Uterus ...	—	3	3
14. Other Malignant & Lymphatic Neoplasms	7	8	15
15. Leukæmia, Aleukæmia ...	—	2	2
16. Diabetes ...	2	—	2
17. Vascular Lesions of Nervous System ...	18	19	37
18. Coronary Disease, Angina ...	15	10	25
19. Hypertension with Heart Disease ...	2	4	6
20. Other Heart Disease ...	24	21	45
21. Other Circulatory Disease ...	5	6	11
22. Influenza ...	—	—	—
23. Pneumonia ...	3	4	7
24. Bronchitis ...	5	1	6
25. Other Diseases of Respiratory System ...	—	—	—
26. Ulcer of Stomach and Duodenum ...	—	—	—
27. Gastritis, Enteritis and Diarrhœa ...	—	1	1
28. Nephritis and Nephrosis ...	—	—	—
29. Hyperplasia of Prostate ...	1	—	1
30. Pregnancy, Childbirth, Abortion ...	—	—	—
31. Congenital Malformations ...	—	1	1
32. Other Defined and Ill-defined Diseases ...	8	13	21
33. Motor Vehicle Accidents ...	1	2	3
34. All other Accidents ...	5	4	9
35. Suicide ...	—	1	1
36. Homicide and Operations of War ...	—	—	—
	<u>113</u>	<u>112</u>	<u>225</u>

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### Public Health Officers of the Authority.

#### *Medical Officer of Health :*

S. CHALMERS PARRY, M.A., Cantab., M.R.C.S., L.R.C.P., D.P.H.

#### *Engineer, Surveyor and Chief Sanitary Inspector :*

F. LINDLEY, M.R.S.I., A.M.I.S.E., M.S.I.A.

#### *Additional Sanitary Inspectors :*

H. W. POTTER, A.R.S.I.

H. L. WENDEN, A.R.S.I., M.S.I.A.

### Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. R. Mackenzie, Director of the Public Health Laboratory.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74785).

The Laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester, or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples for chemical analyses are sent to the Public Analyst, Civic Centre, Southampton (Telephone, Southampton 3855).

### Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admissions Office (Telephone, Winchester 2261).

## Nursing in the Home.

The names and addresses of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table :

Names and Addresses of Nurses.	District served.	Names of Health Visitors.
MISS A. L. BROWN, S.C.M., 18 Penfords Paddock, Bishop's Waltham. (Tel. : Bishop's Waltham 199).	Part of Bishop's Waltham and Waltham Chase.	MISS E. J. READ, S.R.N., S.C.M., A.R.San.I., R.S.I. Certificate.
MISS J. E. TOBIN, S.R.N., S.C.M., 14 Folly Field, Bishop's Waltham. (Tel. : Bishop's Waltham 330).	Part of Bishop's Waltham and Upham.	
MISS M. C. VINCENT, S.R.N., S.C.M., 32 Meon Park, Wickham. (Tel. : Wickham 2277).	Shedfield, except Waltham Chase. Wickham and Boarhunt.	
MISS A. L. BROWN, S.C.M., 18 Penfords Paddock, Bishop's Waltham. (Tel. : Bishop's Waltham 199).	Swanmore.	MISS F. R. BACK, S.R.N., S.C.M., R.S.I. Certificate.
MISS N. SWAIN, S.C.M., 1 Stewarts Green, Hambledon. (Tel. : Hambledon 49).	Denmead, Hambledon and Southwick.	
MISS M. OSGOOD, S.R.N., S.C.M., 20 The Park, [R.S.I. Cert. Droxford. (Tel. : Droxford 210).	Soberton, Droxford, Meonstoke, Corhampton, Exton.	MISS M. OSGOOD, S.R.N., S.C.M., R.S.I. Certificate.
MISS F. R. MOORE, S.C.M., 14 Glenthorne Meadow, East Meon. (Tel. : East Meon 63).	Warnford, West Meon.	MRS. C. E. FOSTER, S.R.N., S.C.M., A.R.San.I., R.S.I. Certificate.
MISS K. BRABROOK, S.R.N., S.C.M., The Crest, Widley. (Tel. : Cosham 75477).	Widley.	MISS B. G. OSBORN, S.R.N., S.C.M., R.S.I. Certificate. Orthopædic Nursing Certificate.
MISS B. F. CHILD, S.R.N., 41 London Road, Widley. (Tel. : Cosham 75315).		
MISS J. E. TOBIN, S.R.N., S.C.M., 14 Folly Field, Bishop's Waltham. (Tel. : Bishop's Waltham 330).	Durley.	MISS P. JENKINS, S.R.N., S.C.M., R.S.I. Certificate.
MISS D. STYELL, S.C.M., Leehurst, Botley. (Tel. : Botley 15).	Curbridge, Curdridge.	

## Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age :—

Centre.	Hall.	Afternoons.
Bishop's Waltham ...	Youth Club ...	1st and 3rd Fridays.
Denmead ...	All Saints' Church Room ...	4th Mondays.
Droxford ...	Village Hall ...	1st Mondays.
Hambledon ...	Women's Institute ...	2nd Mondays.
Shedfield ...	Chase Hut, Waltham Chase ...	2nd and 4th Wednesdays.
Southwick ...	Manor Hall ...	4th Fridays.
Swanmore ...	Parish Hall ...	3rd Thursdays.
Wickham ...	Church Hall ...	1st and 3rd Wednesdays.

The following three centres, situated in adjoining districts, are available for children living near the boundaries of the district :—

Centre.	Hall.	Afternoons.
Fair Oak ...	Women's Hall ...	2nd and 4th Thursdays.
Sarisbury ...	British Legion Hall ...	1st and 3rd Thursdays.
Titchfield ...	Parish Hall ...	1st and 3rd Mondays.

The work of the voluntary helpers, who assist the medical and nursing staff at the Welfare Centres, is greatly appreciated.



### FAMILY PLANNING ASSOCIATION CLINICS.

Advice on family planning is given at the following clinics, which are run on a voluntary basis, as the Service is not available under the National Health Service.

A lady doctor and sister are in attendance.

<i>Area.</i>	<i>Address of Clinic.</i>	<i>Day.</i>	<i>Time.</i>
COSHAM ...	Child Welfare Centre, Northern Road ...	Every Wednesday ...	1.0 - 3.30 p.m.
PORTSMOUTH ...	Trafalgar Place, Clive Road, Fratton ...	Tuesdays ...	1.0 - 3.30 p.m.
		Fridays ...	7.0 - 9.0 p.m.
EASTLEIGH ...	The Red House, 6 Romsey Road ...	Every Friday ...	2.0 - 4.0 p.m.
WINCHESTER ...	The Hut (adjoining Trafalgar House), Trafalgar Street ...	2nd and 4th Tuesdays ...	2.0 - 3.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

**\*Tuberculosis.**

The following Chest Clinics are available to patients suffering from Tuberculosis :—

**FAREHAM**—The Chest Clinic, St. Christopher's Hospital, Wickham Road.  
Telephone: Fareham 2263.

Monday. 9.45 a.m.  
2.0 p.m.—New patients.  
Wednesday. 2.0 p.m.—A.P. refills.  
5.0 p.m.—Appointments (2nd month).  
Friday. 2.0 p.m.

**COSHAM**—The Chest Clinic, Queen Alexandra Hospital.  
Telephone: Cosham 75227. Extension 58.

Old patients— By appointment from the Chest Physician every Wednesday morning and Thursday morning.  
New patients— Every Wednesday at 2.0 p.m.  
A.P. refills— Every Thursday at 2.0 p.m.  
Evening Clinic— First Thursday in the month by appointment.

**WINCHESTER**—County Medical Department, Trafalgar Street.  
Telephone: Winchester 4415. Extension 132.

Wednesday. 10.0 a.m.  
2.30 p.m.—New patients.  
1.30 p.m.—A.P. refills at Royal Hants County Hospital.

**EASTLEIGH**—The Mount Sanatorium, Bishopstoke.  
Telephone: Eastleigh 87235.

Tuesday. 9.30 a.m.  
10.0 a.m.—A.P. refills (females) at Chandlers Ford Sanatorium.  
2.0 p.m.—New patients.  
5.0 p.m.—Appointments (1st month).  
Wednesday. 10.0 a.m.—A.P. refills (males).  
Friday. 9.30 a.m.

### \*Venereal Diseases.

Treatment is available at the following clinics :—

PORTSMOUTH—St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon and 5.0 p.m. to 7.0 p.m.  
Tuesdays and Thursdays.

Females : 10.0 p.m. to 7.0 p.m. Mondays.  
2.0 p.m. Wednesdays. 10.0 a.m. Fridays.

SOUTHAMPTON—1 Cardigan Road.

Males : 9.0 a.m. to 12.0 noon and 5.0 p.m. to 7.0 p.m.  
Monday, Tuesday, Wednesday, Thursday and  
Friday. 9.0 a.m. to 12.0 noon Saturdays.

SOUTHAMPTON—Kings Park Road.

Females : 10.0 a.m. to 12.0 noon Monday.  
2.0 p.m. to 4.0 p.m. Tuesday.  
2.0 p.m. to 6.0 p.m. Thursday.  
2.0 p.m. to 4.0 p.m. Friday.

WINCHESTER—Royal Hants County Hospital.

Males : 10.0 a.m. Saturday.

Females : 2.0 p.m. Tuesday.

### SCHOOL HEALTH SERVICES.

#### \*Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following clinics :—

ALTON. *Surgeon's Clinic* held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10.0 a.m., and on Mondays at 2.0 p.m. *by appointment.*

*Minor Clinic*, attended by Surgeon, held at Lord Mayor Treloar Hospital, on third Wednesdays, each month, at 2.0 p.m.

*Remedial Clinic*, held at Lord Mayor Treloar Hospital each Wednesday morning and afternoon.



WINCHESTER. *Surgeon's Clinic*, held at the Royal Hants County Hospital *by appointment* through Medical Records Officer.

*Minor Clinic*, held at Trafalgar House, on fourth Fridays on odd months at 1.30 p.m.

*Remedial Clinic*, held at the Royal Hants County Hospital *by appointment* through Medical Records Officer.

FAREHAM. *Surgeon's Clinic* held at St. Christopher's Hospital, on third Tuesdays, even months, at 10.0 a.m.

*Minor Clinic*, held at the County Health Centre, West Street, on third Wednesdays at 10.0 a.m.

HAVANT. *Surgeon's Clinic*, held at County Council Health Centre, Park Way, on fourth Tuesdays, even months, at 10.0 a.m.

*Minor Clinic*, held at County Council Health Centre, on second Wednesday, each month, at 10.0 a.m.

PETERSFIELD. *Remedial Clinic*, held at County Council Health Centre, Ramshill, first Tuesday, at 10.0 a.m., other Tuesdays at 1.30 p.m.

### **\*Ear, Nose and Throat Clinics.**

Cases, referred for specialist advice, are examined either at the Portsmouth Eye and Ear Hospital or Winchester Royal Hants County Hospital, and treatment is carried out there or at Petersfield.

### **\*Ophthalmic Clinics.**

These are available, *by appointment*, through the County Medical Officer, at the following places :—

Winchester. Held at Trafalgar House.

Havant. Held at County Council Health Centre, Park Way.

Fareham. Held at County Health Centre, "The Flying Angel," West Street.

Petersfield. Held at County Council Health Centre, Ramshill.

### **\*Orthoptic Clinics.**

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

### **Speech Therapy Clinics.**

Cases attend *by appointment* at the following centres :—

- Winchester. County Council Health Centre, every Monday and Friday at 9.30 a.m. and 1.30 p.m.  
Fareham. Health Centre (Flying Angel) every Tuesday and Friday at 9.30 a.m. to 3.0 p.m.  
Havant. County Council Health Centre on Wednesdays at 2.0 p.m.

### **Child Guidance Clinic.**

Cases are seen, *by appointment*, at Trafalgar House, Winchester.

### **Verminous Cleansing Clinics.**

A Cleansing Centre is available at the Health Centre, Fareham, every Friday at 9.30 a.m. to 12 noon.

Three other Cleansing Centres are also available :—

- Havant. Potash Terrace, alternate Fridays at 9.30 a.m.  
(Tel. : 716).  
Eastleigh. County Council Health Centre, Red House, every  
(Tel. : 847981). Friday at 9.30 a.m.  
Petersfield. County Council Health Centre, Ramshill, every  
Friday at 9.30 a.m.

### **Dental Clinic.**

These are held when required at :—

- County Council Health Centre, Ramshill, Petersfield.  
County Council Health Centre, Park Way, Havant.  
4 The Square, Winchester.

Also at other premises and schools as and when required.

\* *These services are the responsibility of the Regional Hospital Board.*

**List of available Clinics provided by the County Council or Regional Hospital Board.**

PARISHES.	Child Welfare.	Chest.	Orthopaedic.	Ear, Nose and Throat.	Eye.	Speech.	Vermineous Cleansing.	Dental.
Bishop's Waltham ...	Bishop's Waltham	Winchester Fareham	Winchester Fareham	Winchester	Winchester Fareham	Winchester Fareham	Fareham Eastleigh	Winchester Fareham
Boarhunt ...	Southwick Wickham	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Corhampton & Meonstoke	Droxford Meonstoke	Fareham	Petersfield Fareham	Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham	Petersfield Fareham
Curdridge ...	Shedfield	Fareham Eastleigh	Fareham	Winchester	Fareham	Fareham	Fareham Eastleigh	Fareham
Denmead ...	Denmead	Havant	Havant	Portsmouth	Havant	Havant	Havant	Havant
Droxford ...	Droxford	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Durley ...	Bishop's Waltham Fair Oak	Eastleigh	Eastleigh	Winchester	Winchester	Winchester	Eastleigh	Winchester
Exton ...	Droxford Meonstoke	Fareham	Petersfield Fareham	Winchester Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham	Petersfield Fareham
Hambleton ...	Hambleton	Havant	Havant	Portsmouth	Havant	Havant	Havant	Havant
Shedfield	Shedfield	Fareham	Fareham	Winchester Portsmouth	Fareham	Fareham	Fareham	Fareham
Soberton ...	Droxford	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Southwick & Widley ...	Southwick	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Swanmore ...	Swanmore	Fareham	Fareham	Winchester	Fareham	Fareham	Fareham	Fareham
Upham ...	Bishop's Waltham	Winchester	Winchester	Winchester	Winchester	Winchester	Eastleigh	Winchester
Warnford ..	East Meon	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield	Petersfield
West Meon ...	East Meon	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield	Petersfield
Wickham ...	Wickham Titchfield Sarisbury	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham

## HOSPITALS.

### General.

There are no General Hospitals within the district, but the following hospitals are available :—

THE ROYAL SOUTH HANTS HOSPITAL, SOUTHAMPTON.  
(Telephone, Southampton 2620).

CHILDREN'S HOSPITAL, SOUTHAMPTON.  
(Telephone, Southampton 73924).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.  
(Telephone, Portsmouth 2103).

ST. MARY'S HOSPITAL, PORTSMOUTH.  
(Telephone, Portsmouth 2476).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.  
(Telephone, Winchester 5151).

Knowle Hospital, situated at Knowle in the parish of Wickham is administered by the Regional Hospital Board, Portsmouth.

Waltham House, Droxford (Telephone, Droxford 45) which provides accommodation for old people from all parts of the county, is under the control of the County Council.

### Infectious Diseases.

There is no infectious diseases hospital in the district.

Any Infectious Diseases Hospital is available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046) or to the Victoria Isolation Hospital, Morn Hill, Winchester (Telephone, Winchester 2048), which are under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

### Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

### Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admissions Office (Telephone, Winchester 2261) deals with the admission of these patients.

# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

## Notifiable Diseases.

Particulars of the cases of Infectious Diseases, which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table :—

Diseases.	Total Cases Notified.	Rate per 1,000 of the Population.	
		Droxford R.D.	England & Wales.
Diphtheria ...	1	0·04	0·1
Dysentery ...	40	1·94	Not available
Erysipelas ...	2	0·08	0·14
Food Poisoning ...	1	0·04	0·13
Measles ...	116	5·60	8·86
Meningococcal Infection ...	1	0·04	0·03
Pneumonia ...	8	0·38	0·72
Poliomyelitis (Paralytic) ...	1	0·04	0·06
Scarlet Fever ...	16	0·77	1·53
Whooping Cough ...	108	5·24	2·61

Only certain forms of pneumonia are notifiable.

DISEASE.	Total Cases Notified.	Rate per 1,000 (Live and Still) Births.	
		Droxford R.D.	England & Wales.
Puerperal Pyrexia ...	1	2·9	17·87

An analysis of the total notified cases according to age groups is given below :—

AGE GROUP.	Diphtheria.	Dysentery.	Erysipelas.	Food Poisoning.	Measles.	Meningococcal Infection.	Pneumonia.	Poliomyelitis (Paralytic).	Puerperal Pyrexia.	Scarlet Fever.	Whooping Cough.
Under 1 year ..	—	—	—	—	—	—	—	—	—	—	10
1 - 2 years ...	—	—	—	—	3	—	—	—	—	—	5
2 - 3 „ ...	—	2	—	—	17	—	—	—	—	—	16
3 - 4 „ ...	—	2	—	—	8	—	—	—	—	2	24
4 - 5 „ ..	—	1	—	—	16	—	—	—	—	2	12
5 - 10 „ ..	—	15	—	—	69	—	—	—	—	8	35
10 - 15 „ ..	—	13	—	—	2	1	—	—	—	3	4
15 - 20 „ ...	—	—	—	—	1	—	—	1	—	1	1
20 - 35 „ ...	—	4	—	—	—	—	—	—	1	—	1
35 - 45 „ ..	—	2	—	1	—	—	1	—	—	—	—
45 - 65 „ ...	—	1	1	—	—	—	—	—	—	—	—
Over 65 „ ...	1	—	1	—	—	—	7	—	—	—	—
TOTALS ...	1	40	2	1	116	1	8	1	1	16	108



The following table shows the number of cases of infectious diseases, notified during the year, and the parishes in which they occurred :—

PARISH.	Diphtheria.	Dysentery.	Erysipelas.	Food Poisoning.	Measles.	Meningococcal Infection.	Pneumonia.	Poliomyelitis (Paralytic).	Puerperal Pyrexia.	Scarlet Fever.	Whooping Cough.
Bishop's Waltham	...	10	...	...	...	...	...	...	...	...	10
Boarhunt	...	...	...	...	1	...	...	...	...	...	2
Corhampton and Meonstoke	...	1	...	...	1	...	...	...	...	1	...
Curdridge	...	...	...	...	...	...	...	...	...	2	...
Denmead	...	1	...	...	30	...	...	...	...	...	1
Droxford	...	...	...	...	...	...	...	...	...	3	4
Durley	...	...	...	...	...	...	...	...	...	...	2
Exton	...	...	...	...	...	...	...	...	...	...	...
Hambledon	...	1	...	1	...	72	...	1	...	...	3
Shedfield	...	...	5	...	...	...	...	...	...	5	23
Soberton	...	...	5	...	...	...	...	...	...	3	5
Southwick and Widley	...	...	...	...	...	8	1	...	...	1	1
Swanmore	...	...	2	...	...	...	...	...	...	1	14
Upham	...	...	...	...	...	...	...	...	...	...	2
Warnford	...	...	...	...	...	...	...	...	...	...	7
West Meon	...	...	...	...	...	1	...	...	1	...	33
Wickham	...	...	16	1	1	3	...	7	...	1	1
TOTALS	...	1	40	2	1	116	1	8	1	1	108

### SONNE DYSENTERY.

During the period under review, two outbreaks of Sonne Dysentery occurred in private schools in the district.

Dr. Mackenzie, Director of the Central Laboratory, Winchester, and all the General Practitioners concerned were most helpful in every way in tracing and treating the cases ; and all school children patients, together with any school children family contacts were excluded from attending school until the household was considered free from infection.

In addition, particular attention was paid to any members of the staff who happened to be engaged in the preparation of school meals.

In one of the outbreaks, an investigation was carried out by Dr. Irene Hutchinson, Director of the Public Health Laboratory, Southampton, who reported no evidence of spread of dysentery organisms into the environment.

Sonne Dysentery is very easily spread among children by personal contact ; but it may also be contracted by indirect means such as recently contaminated toys or other articles.

The organisms are generally carried by the hands, so the patient should always wash his hands in a disinfectant solution after toilet, and the lavatory seat and door handle should be disinfected too, for it must be remembered that toilet paper is porous.

As the danger of spread is from bowel to hand to mouth, the patient should preferably use *separate* crockery and feeding utensils, which should be disinfected after use.

Everyone should be extra particular about washing their hands as anybody may pick up the germ from an unknown carrier and may pass it on to children as well as infect food and feeding utensils.

During an outbreak, therefore, the most responsible persons are the food handlers—not forgetting the family cook—and those in charge of young children.

Cases of Sonne Dysentery are more evident than they used to be ; this is probably due to the better laboratory facilities available to Medical Practitioners and to Public Health Propaganda in this type of infection and in food hygiene generally.

## **FOOD HYGIENE.**

In the home, the consumption of any food, that has been dangerously contaminated, will affect only the family ; whereas, in a canteen, restaurant or café, hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food from dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Prevention is better than cure and a great deal can be done to prevent the dangerous contamination of food. The remedy, of course, lies mainly in the personal cleanliness of the food handlers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody.

Any food handler, infected with diarrhœa or with septic sores or boils, should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food—and particularly by those who work in canteens or who serve food to large numbers—that the utmost care must be taken to obviate the risk of food poisoning, which may occur, even in the best equipped of canteens.

Hands become contaminated when the nose is blown ; when the fingers touch the nose or mouth, or hair ; when the fingers touch the lips during smoking ; and when the fingers touch soiled articles.

Most important of all, is the fact that they become contaminated during each visit to the lavatory—for toilet paper is porous.

Once contaminated, the hands will leave behind bacteria on everything they touch.

The air itself may convey the infection to the food by a spray of droplets during the acts of spitting, coughing, sneezing, whistling, blowing or even talking loudly *over food*. So food and dishes should be kept under cover to protect them from dust, and from droplet infection as well as from flies, cockroaches, rats and mice.

Food poisoning occurs only if food poisoning germs have an opportunity of multiplying in the food in which they are present. For this to happen, they must have a vulnerable food under suitable temperature and moisture conditions for a period of time.

*Vulnerable* foods—which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream—are normally quite safe when prepared ; but they act as ideal breeding grounds for any dangerous germs that gain access, especially if kept at warm temperatures.

Refrigeration definitely retards the growth of bacteria ; and it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

## EDUCATION IN FOOD HYGIENE.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets relating to food hygiene and the control of infectious disease.



## VACCINATION.

Persons, who travel from infected areas to this country *by sea* (with the exception of those coming by one of the short sea routes) have usually passed the incubation period of smallpox before arrival in England.

Whereas those, who travel *by air*, arrive in this country before the incubation period of smallpox has elapsed, so there is greater risk that a case might land here before the disease has become apparent.

Periodical outbreaks arise from cases that develop after landing ; and, in order to counteract this increased risk of infection, it is all the more important that primary vaccination in infancy and periodical re-vaccination should be carried out.

The National Health Service Act left the question of vaccination to the good sense and discretion of the parents.

It was hoped that the voluntary response would be as successful as in the case of diphtheria immunisation.

Strange as it may seem, however, this has not been the case ; and the vaccination state of the population in Great Britain, which has in the past few years been consistently falling, is now at such a low level as to cause concern.

In fact, the occurrence of two fairly recent outbreaks of smallpox—in Glasgow and Brighton—only confirms that the general state of immunity against this disease is not sufficient to prevent an epidemic.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the *first vaccination* is put off till adolescence or later, there may be a very slight risk ; but that is, of course, all the more reason for vaccinating the child in infancy—especially in these days when people travel abroad so much more and any young man may be sent, during the course of National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy—preferably about the fourth month.

Children should be re-vaccinated before the age of ten years—preferably between seven and ten years—and on subsequent occasions if there has been exposure to smallpox.

The following advice, given by the Chief Medical Officer to the Ministry of Health, summarises the position :—

“ While parents appear to have become more casual about the need for *infant* vaccination, now that the element of compulsion has been removed ; its popularity—as an emergency measure in an outbreak of smallpox—has been well demonstrated in recent outbreaks.

Vaccination and other measures, used locally, were fortunately effective to deal promptly with these dangerous situations ; but this is not a sufficient argument in favour of delaying primary vaccination from infancy until a later age or until the individual has almost certainly been exposed to the infection of smallpox.

To delay the first vaccination from infancy until a later age is contrary to the best interests of the individual who is thus denied the opportunity of acquiring, with minimum risk, an initial immunity to smallpox, that can be effectively revived with little inconvenience should the necessity arise later.

This conception of routine infant vaccination as a procedure which provides an essential foundation on which a solid immunity to smallpox can be rapidly and safely built up by further vaccination in emergency, is not enough appreciated by parents.”

### **INTERNATIONAL SANITARY REGULATIONS, 1952.**

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International Certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculations, and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health except those for yellow fever vaccination which are held at certain recognized centres where the vaccination is performed.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

## Diphtheria Immunisation.

During the year, four hundred and twenty-four immunisations against diphtheria were carried out.

Immunisation.	Pre-school Children.	School Children.
Primary ...	218	18
Re-inforcing or "Boosters" ...	7	181
TOTAL ...	225	199

The following table gives the annual incidence and mortality from diphtheria since 1935.

	1935	1936	1937	1938	1939	1940	1941	1942	1943
Cases ...	2	3	5	3	7	4	3	—	4
Deaths ...	—	—	—	—	—	—	—	—	—
	1944	1945	1946	1947	1948	1949	1950	1951	1952
Cases ...	1	2	1	—	—	—	—	—	1
Deaths ...	—	—	—	—	—	—	—	—	—

It is satisfactory to record that there have been no deaths from diphtheria since the scheme for diphtheria immunisation by general practitioners in this district was commenced in 1935.

One case of diphtheria was notified during the year, and fortunately the patient made a good recovery. Although the case was an isolated one, it only proves that the danger of diphtheria is ever present, and that every precaution should be taken and maintained against this disease.

## DIPHTHERIA IMMUNISATION PROPAGANDA.

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education :—

“ The number of deaths from diphtheria has fallen from a yearly average of some 2,800 in 1930-40 to about 30. But, although this is a remarkable achievement, it is, by no means, the end of the story ; for the rate of decline in the number of deaths has not been so great in 1952 as in previous years.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

It is still true that diphtheria kills and we must never forget that the elimination of this disease is conditional upon the maintenance of an adequate level of immunisation. So parents must be continually reminded that, if they think they need no longer have their babies immunised, there will be a real danger of a diphtheria epidemic.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality ; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case.”

The Ministry of Health recommends that all children should be immunised before their first birthday—preferably at the age of seven or eight months and that they should receive a “ booster ” or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those that have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the *absence* of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.



Resistance to diphtheria is rather like a car battery that needs periodical topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.

Although children up to five years old are in the greatest danger, all under fifteen years of age should be immunised.

The object of publicity campaigns in the fight against diphtheria is to secure that at least 75% of the babies are immunised before the end of the first year of life.

The figure for England and Wales is estimated to be only 31%; while, in this district, 64·2% of the children born in 1951 were immunised before they attained the age of one year.

During the year, special methods of publicity included the distribution of leaflets and consent cards at the Palace Cinema, Bishop's Waltham, as well as the showing of slides on the screen by kind arrangement with the manager.

**TUBERCULOSIS.**

At the end of the year, the total number of cases on the register was one hundred and thirty-one.

The following table gives the number of cases of Tuberculosis registered in the district at the beginning and end of 1952 :—

	<i>Respiratory.</i>			<i>Non-Respiratory.</i>		
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Number on Register at the beginning of the year (1952) ... ..	50	26	76	20	17	37
New additions to the Register during the year ... ..	10	6	16	4	5	9
Removals from the Register during the year ... ..	4	...	4	2	1	3
Number on Register at the end of the year (1952) ... ..	56	32	88	22	21	43

Analysis of new cases and deaths according to age groups :—

Age Period.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1 ...	...	...	...	...	...	...	...	.
1 - 5 ...	...	1	...	...	...	...	...	...
5 - 15 ...	...	1	...	1	...	...	...	...
15 - 25 ...	...	1	...	1	...	...	...	...
25 - 35 ...	...	4	...	1	...	...	...	...
35 - 45 ...	...	1	...	1	...	...	...	...
45 - 55 ...	...	2	...	1	...	1	...	...
55 - 65 ...	...	1	...	...	...	1	...	...
65 and over	...	...	...	...	...	...	...	...
Age unknown	...	...	...	...	...	...	...	...
TOTAL ...	10	6	4	5	1	—	—	—

### Scabies.

Facilities for the treatment of Scabies are available at Havant and Portsmouth Disinfestation Clinics.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection ; and all members of the same family should present themselves for treatment simultaneously—whether or not they complain of “ The Itch ” and show evidence of Scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

### Pediculosis.

Cases of Pediculosis (head lice) may be referred for treatment on Fridays at any of the following Cleansing Clinics :—

Fareham,  
Havant,  
Eastleigh,  
Petersfield,

whichever is the most convenient.

Pediculosis should also be regarded as a family infection ; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection of others.

## **NATIONAL ASSISTANCE ACT, 1948.**

It is satisfactory to report that no official action was taken under section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

Three cases, that were brought to the notice of this department, were investigated, and suitable arrangements made for their care and attention.

The assistance given by the General Practitioners, the Welfare Officer, Sanitary Inspectors, and Health Visitors, is greatly appreciated in these difficult and distressing cases.

### **Home Help Service.**

Applications for Home Helps should be made to the District Organiser, Home Help Office, Westbury Manor, Fareham.

# REPORT OF THE SURVEYOR AND CHIEF SANITARY INSPECTOR.

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## SANITARY CIRCUMSTANCES OF THE AREA.

### Water Supply.

Twelve Parishes are supplied with a piped supply of water, chiefly by statutory water undertakings within whose area of supply the Parishes are situate, as follows :—

GOSPORT WATERWORKS COMPANY	...	Bishop's Waltham, Boarhunt, Shedfield, Swanmore, West Meon, Wickham.
PORTSMOUTH WATER COMPANY	...	Denmead, Hambledon, Southwick and Widley.
SOUTHAMPTON CORPORATION	...	Curbridge, Curdridge, Durley.

The water main was extended in Biddenfield Lane, Wickham, for a distance of 425 yards and additional mains laid at Folly Field, Bishop's Waltham, New Road, Swanmore, and Waltham Chase to serve new Council houses.

Frequent samples of water were taken by the Statutory Water Undertakers and in every case the results were satisfactory.

### Meon Valley Water Scheme.

Gradual but slow progress would appear to be being made as the delivery of pipes commenced in late 1952.

### Upham Water Scheme.

Work on this scheme was commenced in 1952 but although it is anticipated that main laying will be completed early in 1953, water cannot be supplied to the higher portions of the Parish until the new reservoir at Stephen Castle Down is constructed.

### Drainage and Sewerage.

Hurrah ! Southwick leads the way in the Rural District ! The scheme of sewerage and sewage disposal was started in November and is hoped to be completed in twelve months. Renewed hope for Bishop's Waltham and Wickham.



## Public Cleansing.

The collection of night soil has been maintained throughout the district. Cesspools are also emptied throughout the district, allowance being made for four free emptyings per annum.

The following summary gives particulars of work done during the year under review :—

Cesspools emptied.	E.C.'s emptied.
2,986	140,484

Household refuse is collected throughout the district twice monthly, whilst Bishop's Waltham, Shedfield and Wickham have a weekly collection. This is done by direct labour and I estimate that 252,400 dustbins or receptacles have been emptied during the year.

## Salvage.

The salvage of waste paper is a sorry story for 1952. No mixed waste paper has been sold since the end of May, the only market being for newspapers, the price of which has dropped from £21 10s. 0d. per ton to £6. My chief regret is the effect on the housewife who had been giving full co-operation, and it is galling to all concerned to now see large quantities of waste paper being mixed with refuse and dumped. I view with mixed feelings the possibility of full scale salvaging of waste paper.

The following amounts of salvageable materials were collected :—

Waste Paper	41 tons	4 cwt.	0 qrs.	21 lbs.
Steel and Iron	13 tons	4 cwt.		
Mixed Metals		2 cwt.	0 qrs.	2 lbs.
Rubber	1 ton	6 cwt.	0 qrs.	23 lbs.
Rags	1 ton	17 cwt.	1 qr.	13 lbs.

Salvage is collected concurrently with refuse. The total receipts were £667 2s. 1d.

## HOUSING STATISTICS (PUBLIC HEALTH).

### Inspection of Dwelling-houses during the year—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	43
(b) Number of inspections made for the purpose				180

(2) (a)	Number of dwelling-houses (included under sub-head [1] above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	13
(b)	Number of inspections made for the purpose			57
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	8
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation	...	...	5

**Remedy of Defects during the year  
without service of Formal Notices—**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	30
---	-----	----

**Action under Statutory Powers during the year—**

(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936—			
(1)	Number of dwelling-houses in respect of which Notices were served requiring repairs			2
(2)	Number of dwelling-houses which were rendered fit after service of formal notices—			
(a)	By owners	...	...	2
(b)	By Local Authority in default of owners	...	...	1
(b)	Proceedings under Public Health Acts—			
(1)	Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied	...	...	10
(2)	Number of dwelling-houses in which defects were remedied after service of formal Notices—			
(a)	By Owners	...	...	15
(b)	By Local Authority in default of Owners	...	...	Nil

- (c) Proceedings under Section 11 and 13 of the Housing Act, 1936—
- |   |     |
|---|-----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made ... | Nil |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders ...    | Nil |
| (3) Undertakings given ...  | 2   |

### Overcrowding—

Statutory overcrowding does exist in a minor degree within the area, but under existing circumstances no direct action is taken, cases being referred to the appropriate Committee for consideration when allocating new houses.

### New Houses and Buildings.

The comparative figures given below for the seven years following the cessation of hostilities gives some indication of the progress in the improvement of housing and agricultural conditions within the district.

#### *Number of Plans approved by the Council.*

PURPOSE OF PLAN.	1946	1947	1948	1949	1950	1951	1952	Totals.
Houses ...	91	50	48	89	30	32	51	391
Additions and Alterations...	28	29	38	56	67	55	46	319
Conversions & Adaptations	20	15	15	11	7	14	10	92
Garages ...	14	29	29	36	36	32	41	217
Bathrooms and Drainage Installation ...	39	24	64	56	51	41	49	324
Farm Buildings ...	15	10	29	48	38	37	22	199
Sheds and Stores ...	22	33	28	12	9	17	12	133
Housing Layouts ...	2	1	—	—	1	—	—	4

The number of new units of housing erected by private enterprise or provided by the Local Authority over the same period was :—

BY WHOM ERECTED } OR PROVIDED	1946	1947	1948	1949	1950	1951	1952	Totals.
By Private Enterprise ...	18	20	19	17	18	14	37	143
By Local Authority—								
(a) Houses ...	—	32	84	68	79	40	46	349
(b) Hutments ...	6	—	—	—	6	—	—	12

On 31st December, 1952, there were a further fifty Council Houses in course of erection.

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

There were thirty-eight Producer/Retailers and four Dealers within the Droxford Area, and eight Distributors living outside the Area, who retailed milk within the boundaries of the Rural District.

One Dealer, at Wickham, was licenced by the Local Authority acting on behalf of the Hampshire County Council, for the pasteurisation of milk by the "Holder" process.

Samples of milk, and milk containers after cleansing at the dairies, were taken for routine examination to the Public Health Laboratory Service, Winchester.

Licences issued under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949—

Dealers' (Pasteurisers) Licences to use the designation "Pasteurised" ... ..	1
Dealers' Licences to use the designation "Pasteurised" ... ..	2
Supplementary Licences to use the designation "Pasteurised" ... ..	4

Licences issued under the Milk (Special Designation) (Raw Milk Regulations, 1949)—

Dealers' Licences to use the designation "Tuberculin Tested" ... ..	4
Supplementary Licences to use the designation "Tuberculin Tested" ... ..	8

### Meat Inspection.

There is no Ministry of Food slaughter-house within the district, the majority of English meat being transported from Brighton and Petersfield, and re-distributed to the local butchers from the allocation dépôt at Bishop's Waltham.

The following animals were slaughtered under licence by the Local Food Office and the carcasses inspected by the department—

Pigs	...	13.
------	-----	-----

### Other Foods.

Thirty visits were made to food shops and warehouses within the area for the purpose of examination of tinned foods and other commodities, and voluntary surrender certificates issued as required.

The total weights of butcher's meat, tinned foods and other commodities condemned during the year were :—

Butcher's Meat	...	...	7 cwt.	93 lbs.	7 ozs.
Tinned Foods	...	...	2 cwt.	87 lbs.	12 ozs.
Other Commodities	...	...		18 lbs.	1 oz.
TOTAL			10 cwt.	87 lbs.	4 ozs.

## Food Adulteration.

This Section of the Food and Drugs Act, 1938 is operated by the County Council.

Details of the samples taken under the Food and Drugs Act, 1938 during the year ended 31st March, 1953 :—

ARTICLE.				Number Taken.	
				Genuine.	Unsatisfactory.
Butter and other Fats	...	...	...	4	—
Drugs	...	...	...	2	—
Milk	...	...	...	62	—
Sausage and other Meat Products				6	—
Spirits	...	...	...	9	—
Other Foods	...	...	...	4	—
TOTAL				87	—

## RODENT CONTROL.

The prevention of Damage by Pests Act, 1949, as concerns the Local Authority is carried out by two full time operatives employed by the Council.

Block treatment is carried out in the built-up areas and all expenses incurred at business premises are charged on a cost/plus basis.

The survey of agricultural lands was continued and where found to be infested, reported to the Pests Officer of the Ministry of Agriculture and Fisheries for further action.



# 1. PREVALENCE OF RATS AND MICE.

		(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
			Number of properties in Local Authority's Area.			Analysis of Column iv.		
TYPE OF PROPERTY.		Total.	In which infestation was			Number infested by		
			Notified by Occupier.	Otherwise discovered.	Recorded total of (ii) and (iii)	Rats.		Mice only.
						Major.	Minor.	
Local Authority's Property	...	9	—	5	5	—	5	—
Dwelling Houses	...	5371	27	1870	1897	—	1897	—
Business Premises	...	259	—	15	15	—	15	—
Agricultural Property	...	657	—	—	—	—	—	—
TOTAL	...	6296	27	1890	1917	—	1917	—

## 2. MEASURES OF CONTROL BY LOCAL AUTHORITY.

TYPE OF PROPERTY.	No. of properties inspected.	No. of inspections made.	Number of notices served under Section 4.		Number of treatments carried out.				Block treatments of properties in different occupancies under Section 6 (1) or by informal arrangement.			
					By arrangement with occupier.		Under Section 5 (1).					
			Treatments.	Works.	Rats.	Mice only.	Rats.	Mice only.		Number of blocks.	Surface.	Associated sewers.
Local Authority's Property	9	30	—	—	10	—	—	—	—	—		
Dwelling Houses	3235	9053	—	—	31	—	—	68	1897	—		
Business Premises	208	642	—	—	18	—	—	—	15	—		
Agricultural Properties	14	14	—	—	—	—	—	—	—	—		
TOTAL	3466	9739	—	—	59	—	—	68	1912	—		

## SUMMARY OF INSPECTIONS MADE AND NOTICES SERVED.

### BUILDING INSPECTIONS.

Foundations	...	...	...	79
Damp-proof Courses	...	...	...	51
Concrete over site	...	...	...	7
Intermediate	...	...	...	278
Drains tested	...	...	...	149
Final inspections	...	...	...	52
Building licence and inquiries inspections	...	...	...	94
Short-lived materials, section 53	...	...	...	8
Council house inspections	...	...	...	464
Town planning inspections	...	...	...	6

### PUBLIC HEALTH ACT, 1936.

Drains and sewer ditches controlled by the Council	...	...	...	24
Blocked and insanitary drains, and cesspools	...	...	...	31
Defective and insanitary closet accommodation	...	...	...	1
Dangerous buildings	...	...	...	1
Refuse tips	...	...	...	4
Filthy and verminous premises	...	...	...	10
Verminous persons	...	...	...	4
Disinfestations	...	...	...	4
Nuisances (other than houses), section 92	...	...	...	3
Re-inspections	...	...	...	6
Water supply	...	...	...	59
Infectious diseases, visits	...	...	...	228
Disinfections	...	...	...	14
Moveable dwellings, section 269	...	...	...	59
Other inspections	...	...	...	113

### FOOD AND DRUGS ACT, 1938.

Carcases inspected	...	...	...	13
Inspections, other foods	...	...	...	30
Food premises, section 13	...	...	...	41
Milk and Dairies	...	...	...	6
Slaughter-houses and knacker's yards	...	...	...	1

### FACTORIES ACT, 1937.

Power factories	...	...	...	1
Non-power factories	...	...	...	1
Outworkers	...	...	...	—

### PETROLEUM REGULATIONS.

Inspections	...	...	...	11
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MISCELLANEOUS.

Rodent Control (by sanitary inspector)	...	...	2
Housing applications	...	...	48
Other visits	...	...	238

SAMPLES TAKEN.

Water	...	...	...	90
Sewage	...	...	...	3
Milk ...	...	...	...	23
Ice Cream	...	...	...	4
Other samples	...	...	...	4

FACTORIES ACT, 1937.

Part 1 of the Act.

1. Inspections for purposes as to health.

PREMISES.	Number on Register.	Inspections.	Number of written Notices.
Factories with mechanical power ...	55	1	—
Factories without mechanical power	6	1	—
Other premises under the Act (in- cluding works of building and engineering construction, but not including outworkers' premises) ...	—	7	—
TOTALS ...	61	9	—





